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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) C1040.70006US00
Application Number 09/316,199-Conf. #7506	Filed May 21, 1999	
For METHODS AND PRODUCTS FOR INDUCING MUCOSAL IMMUNITY		
Art Unit 1633	Examiner I. Popa	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$150	\$75
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$560	\$280
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1270	\$635
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1980	\$990
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2690	\$1345
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23/2825</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee or record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,207</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
<u>/Maria A. Trevisan/</u>		August 21, 2012
Signature		Date
<u>Maria A. Trevisan</u>		617.646.8000
Typed or printed name		Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4).

Dated: August 21, 2012

Electronic Signature for Nicole Millette Lapomardo: /Nicole Millette Lapomardo/